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ABSTRACT

The Great Lakes Quality Improvement Center for Disabilities (Region V QIC-D or GLQIC-D) serves Head Start Programs in Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin, and conducts an annual needs assessment of the Head Start Disability Services Coordinators. For 1998, 264 coordinators completed the survey, which gathered information regarding Head Start-Child Care partnerships and initiatives, training and technical assistance needs regarding parents with disabilities, and needs in library resources regarding disabilities. Other sections of the survey included items on census information, and training and technical assistance needs in the areas of policies, planning, classroom concerns, and multicultural issues. Among the findings: (1) in terms of disabilities, the three most common diagnoses for infants and toddlers were speech-language disorders, developmental delays, and orthopedic disabilities; (2) 58 percent of the programs reported plans to expand or implement full-day child care, and 41 percent were planning or expanding to provide full-year services; (3) over half of programs were partnering with child care centers, public preschool programs and early intervention programs; and (4) supports needed for improvement included more funding, additional training in child advocacy and disabilities, and improvement in child care subsidies. (Data are presented in tables with explanatory notes. A copy of the survey is included.) (JPB)

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ED 422 067

1998 ANNUAL NEEDS ASSESSMENT

REGION V HEAD START-CHILD CARE PARTNERSHIPS & TRAINING AND TECHNICAL ASSISTANCE NEEDS IN THE AREA OF DISABILITIES

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GREAT LAKES QUALITY IMPROVEMENT CENTER FOR DISABILITIES

DEPARTMENT OF SPECIAL EDUCATION

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN

INTRODUCTION

The Great Lakes Quality Improvement Center for Disabilities (Region V QIC-D or GLQIC-D) serves Head Start Programs in Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Formerly called the Great Lakes Resource Access Project (GLRAP), the Region V QIC-D conducts an annual needs assessment of the Head Start Disability Services Coordinators (DSCs). The DSCs are asked to complete a survey with input from other component coordinators and staff members. The survey for assessing needs for the 1998-1999 fiscal year was distributed in January, 1998, and all surveys returned by April 17, 1998, were used in compiling this report.

The survey format was different from past years in that it included sections designed to gather specific information regarding three salient issues: a) Head Start-Child Care Partnerships and Initiatives, b) Training and Technical Assistance Needs Regarding Parents with Disabilities, and c) Needs in Library Resources Regarding Disabilities. Other sections of the survey were similar to those on previous surveys, including items regarding Census Information, Training and Technical Assistance Needs in the areas of policies, planning, classroom concerns, and multicultural issues. New to the survey included items requesting information on the number of families receiving Supplemental Security Income (SSI) and child care assistance or subsidies.

All data in this report is presented in tables accompanied by explanatory notes. Results for Illinois do not include Chicago. Results from Chicago are counted separately because the system is large and different from the other areas of Illinois in many respects. In most of the tables, data is presented for each geographical area (i.e., CHI, IL, IN, OH, MI, MN, WI) as well as totals for the region.

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SUMMARY OF RESULTS

The return rate of surveys averaged 67% (n=264), ranging from 52% for Michigan to 100% for Indiana Head Start Programs (see Table 1). Forty-three percent (43%) of the programs in the region identified their location as rural (see Table 2). Forty-six percent (46%) reported their program location as urban, and 11% reported their location as suburban. Thirty-three programs reported serving 2,640 infants and toddlers (Table 3). Overall, 238 programs reported serving 104, 777 preschool-aged children (see Table 4). The average number of preschool children per program ranged from 119 in Chicago to 786 in Michigan. Across the region, an average of 440 preschool-aged children were served per program. Programs also reported serving 93,403 families (n=230), with an average of 406 families per program (Table 5).

In terms of disabilities, the three most common diagnoses for infants and toddlers were speech-language disorders, developmental delays, and orthopedic disabilities (see Table 6). For preschool children, the three most frequent disability diagnoses were speech-language disorders, health impairments, and developmental delays (see Table 7).

In response to families receiving Supplemental Security Income (SSI) and child care assistance or subsidies, 142 programs reported 2,320 families receiving SSI only (see Table 8). One hundred and twenty-six (126) programs reported 7,107 families receiving assistance to pay for child care only. Another 2, 274 families were reported receiving both SSI and child care assistance (n=104).

In regard to child care initiatives and issues, programs reported making child care referrals to community agencies and providers the most (n=195 or 76% of the programs). See Table 9 and accompanying bar graphs. More than one-half of the programs also reported participating in joint training related to child care (n=145; 56%). Forty-nine percent (49%) of

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programs were consulting about child care with community agencies and providers (n=126), and thirty-five percent (35%) were contracting for child care slots (n=91).

In response to activities to improve child care services this year, 58% of the programs reported plans to expand or implement full day child care services (see Table 10 and bar charts). Forty-one percent (41%) were planning or expanding to provide full year child care services. Sixty-one percent (61%) indicated plans to collaborate with or were already collaborating with local day care centers. Forty-seven percent (47%) were collaborating or are going to collaborate with family day care providers. A third of the programs (33%) were making plans or were already implementing a child care referral system. Two-fifths of the programs were planning to solicit expansion funding or were already doing so.

More than one-half of the Head Start programs in the region were partnering with (or planning to partner with) child care centers (62%), Child Care Referral & Resource (CCR&R) agencies (57%), public preschool programs (57%), and early intervention programs (56%). See Table 11 and bar charts. Forty-one percent (41%) of the programs were partnering with family home providers, 21% with extended day child care programs or providers, 17% with extended family care providers, and 12% with Early Head Start programs.

The means and standard deviations for roles, activities, and partners are displayed in Tables 12 through 14. Significant differences were found in child care roles and child care partners when programs were analyzed by location (i.e., rural, urban, suburban). See Tables 15 through 17. Post-hoc comparisons were conducted to determine which specific groups differed from each other. A narrative of the post-hoc findings is listed in Table 18.

The themes to supports and barriers in improving child care are listed by individual states in Table 19. Themes were first generated independently by three GLQIC-D staff. These staff

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members then met several times to build consensus. The staff members also independently coded for themes for the entire region. The region's themes are summarized in Table 20. Among the supports needed include: (a) more funding to expand programs and to purchase necessary disability resources; (b) more training in the areas of child care advocacy and disabilities; (c) information on child care collaborative models and ways to reduce turf issues; and (d) improvement in the current system of child care assistance (in particular, the procedures and process relating to eligibility, amount of subsidy, imposition of time limits, and reimbursement to providers) that is available to low-income families.

The top needs in training, technical assistance, and resources are listed in Tables 21 through 27. Some of the top needs in the region have clustered around increasing the involvement of parents with disabilities, Family Partnerships Agreement, Performance Standards in the area of Disabilities, Developmentally Appropriate Practices with children with disabilities, developing lesson plans to address IEP objectives, promoting children's social interactions. The top training needs in the area of disabilities are emotional-behavioral disorders, attention deficit disorders, speech-language disorders, and pervasive developmental disabilities.

State summary reports and a copy of the 1998 needs assessment survey are enclosed at the end of annual report.

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Table 1.
1998 Needs Assessment Survey Return Rates[1]

State	Number of Surveys Mailed	Number of Surveys Returned	Response Rate
Chicago[2]	72	45	62.5%
Illinois	34	29	85.3%
Indiana	40	40	100.0%
Michigan	79	41	51.9%
Minnesota	44	26	59.1%
Ohio	74	54	73.0%
Wisconsin	52	29	55.8%
Total:	395	264	66.8%

[1] Including Migrant and Early Head Start programs.
[2] Chicago is counted separately because it represents an area significantly different from the rest of Illinois.

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Table 2.
Location of Programs Responding to the Survey

	Chicago[3]	Illinois	Indiana	Michigan	Minnesota	Ohio	Wisconsin	Region
Rural	2 (5.9%)	10 (47.6%)	14 (43.8%)	12 (37.5%)	18 (72%)	25 (53.2%)	13 (50%)	94 (43.3%)
Urban	24 (70.6%)	9 (40.9%)	16 (50%)	16 (50%)	4 (16%)	17 (36.2%)	13 (50%)	99 (45.6%)
Suburban	8 (23.5%)	2 (9.5%)	2 (6.3%)	4 (12.5%)	3 (12%)	5 (10.6%)	0 (0%)	24 (11.1%)

[3] Chicago has three mega grantees who were asked to distribute the surveys to appropriate delegate agencies.

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Table 3.
Characteristics of Programs – Number of Infants and Toddlers

	Chicago	Illinois	Indiana	Michigan	Minnesota	Ohio	Wisconsin	Region
Number of Programs Reporting	4	6	4	7	4	5	3	33
Total Sum of Children Served	188	423	331	813	82	446	357	2,640
Mean Number of Children Per Program	47	71	83	203	21	89	119	80

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Table 4.
Characteristics of Programs – Number of Preschool Children

	Chicago	Illinois	Indiana	Michigan	Minnesota	Ohio	Wisconsin	Region
Number of Programs Reporting	35	22	37	36	26	53	29	238
Total Sum of Children Served	4,517	7,768	12,250	28,293	6,429	35,894	9,626	104,777
Mean Number of Children Per Program	119	343	331	786	247	677	332	440

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Table 5.
Characteristics of Programs – Number of Families

	Chicago	Illinois	Indiana	Michigan	Minnesota	Ohio	Wisconsin	Region
Number of Programs Reporting	34	22	36	35	24	51	28	230
Total Sum of Families	4,060	7,556	11,712	24,978	5,887	30,757	8,453	93,403
Mean Number of Families Per Program	119	343	325	714	245	603	302	406

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Table 6.
Number of Infants and Toddlers with Diagnosed and Suspected Disabilities

Category	CHI (n=2)	IL (n=4)	IN (n=4)	MI (n=7)	MN (n=3)	OH (n=2)	WI (n=3)	Region[4] (n=25)
Autism	**0 (0)**	0 (0)	**0 (1)**	0 (0)	**0 (0)**	1 (0)	**1 (0)**	2 (1)
Emotional/Behavioral	**0 (1)**	1 (3)	**1 (1)**	1 (2)	**0 (2)**	3 (0)	**0 (0)**	6 (9)
Health	**1 (2)**	3 (7)	**1 (2)**	14 (1)	**0 (0)**	0 (1)	**1 (0)**	20 (13)
Hearing Impairment	**0 (0)**	1 (2)	**1 (0)**	11 (0)	**0 (0)**	2 (0)	**4 (0)**	19 (2)
Mental Retardation	**0 (0)**	1 (0)	**3 (0)**	6 (0)	**1 (0)**	1 (0)	**1 (0)**	13 (0)
Orthopedic	**0 (1)**	0 (3)	**2 (0)**	4 (1)	**1 (0)**	1 (0)	**22 (0)**	30 (5)
Learning Disability	**0 (1)**	0 (0)	**0 (0)**	0 (0)	**0 (1)**	0 (0)	**0 (0)**	0 (2)
Speech/Language	**4 (4)**	4 (3)	**3 (13)**	9 (1)	**1 (2)**	1 (0)	**67 (7)**	89 (30)
Traumatic Brain Injury	**0 (0)**	0 (0)	**0 (0)**	0 (0)	**0 (0)**	1 (0)	**0 (0)**	1 (0)
Visual Impairment	**1 (1)**	1 (0)	**0 (0)**	0 (0)	**0 (0)**	1 (0)	**1 (0)**	4 (1)
Development Delay	**4 (2)**	2 (3)	**2 (5)**	8 (2)	**4 (2)**	4 (3)	**63 (9)**	87 (26)
Multiple Impairments	**3 (2)**	0 (0)	**4 (0)**	2 (0)	**0 (0)**	1 (0)	**3 (0)**	13 (2)

[4] Numbers reflect infants and toddlers in 25 programs.

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Table 7.
Number of Preschool Children with Diagnosed and Suspected Disabilities

Category	CHI	IL	IN	MI	MN	OH	WI	Region[5]
Autism	7 (1)	12 (5)	8 (9)	17 (2)	13 (2)	48 (20)	6 (4)	111 (43)
Emotional/Behavioral	71 (33)	27 (50)	63 (42)	119 (144)	27 (56)	205 (117)	68 (70)	580 (512)
Health	31 (12)	115 (49)	182 (85)	476 (255)	65 (40)	254 (87)	75 (43)	1,198 (571)
Hearing Impairment	10 (6)	10 (2)	24 (10)	126 (3)	13 (5)	33 (11)	15 (5)	231 (42)
Mental Retardation	1 (2)	9 (2)	195 (7)	79 (1)	6 (0)	21 (9)	20 (4)	331 (25)
Orthopedic	9 (8)	12 (4)	30 (5)	54 (11)	18 (1)	69 (9)	19 (14)	211 (52)
Learning Disability	15 (4)	9 (25)	25 (18)	55 (27)	7 (2)	16 (21)	9 (18)	136 (115)
Speech/Language	242 (90)	613 (156)	1,712 (154)	2,137 (371)	445 (96)	2,804 (903)	757 (210)	8,710 (1,980)
Traumatic Brain Injury	1 (0)	2 (3)	1 (2)	6 (0)	2 (0)	3 (1)	0 (2)	15 (8)
Visual Impairment	8 (3)	13 (3)	23 (3)	49 (13)	8 (1)	17 (4)	13 (3)	131 (30)
Development Delay	25 (28)	154 (98)	22 (65)	118 (119)	401 (67)	286 (166)	154 (53)	1,160 (596)
Multiple Impairments	27 (10)	27 (1)	61 (12)	55 (48)	47 (1)	268 (10)	56 (19)	641 (101)

[5] Numbers reflect preschool children in 236 programs.

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Table 8.
Number of Families Receiving SSI and Child Care Assistance

	Chicago	Illinois	Indiana	Michigan	Minnesota	Ohio	Wisconsin	Region
SSI Only	77 (n=25)	45 (n=11)	384 (n=19)	379 (n=22)	49 (n=13)	1,145 (n=34)	241 (n=18)	2,320 (n=142)
Child Care Assistance Only	623 (n=23)	481 (n=11)	349 (n=17)	1,396 (n=15)	552 (n=12)	3,103 (n=32)	603 (n=16)	7,107 (n=126)
Both SSI and Child Care Assistance	25 (n=21)	149 (n=8)	72 (n=12)	30 (n=13)	256 (n=10)	1,640 (n=28)	102 (n=12)	2,274 (n=104)

Note: Values in parentheses indicate the number of programs which responded.

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Table 9.
Roles Identified by DSCs in Improving Child Care Services

	Chicago (n=45)	Illinois (n=25)	Indiana (n=39)	Michigan (n=40)	Minnesota (n=26)	Ohio (n=54)	Wisconsin (n=29)	Region (n=258)
Contracting for Child Care Slots	8 (18%)	10 (40%)	8 (21%)	15 (38%)	7 (27%)	37 (69%)	6 (21%)	91 (35%)
Referring to Community Agencies & Providers	29 (64%)	20 (80%)	34 (87%)	28 (70%)	20 (77%)	43 (80%)	21 (72%)	195 (76%)
Participating in Joint Training	12 (27%)	11 (44%)	23 (59%)	21 (53%)	19 (73%)	43 (80%)	16 (55%)	145 (56%)
Consulting with Community Agencies & Providers	16 (36%)	13 (52%)	17 (47%)	16 (40%)	13 (50%)	36 (67%)	15 (52%)	126 (49%)

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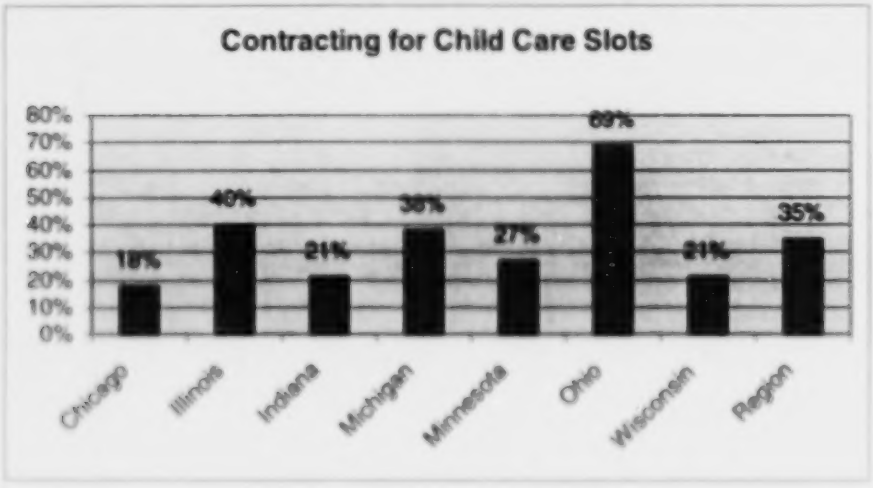
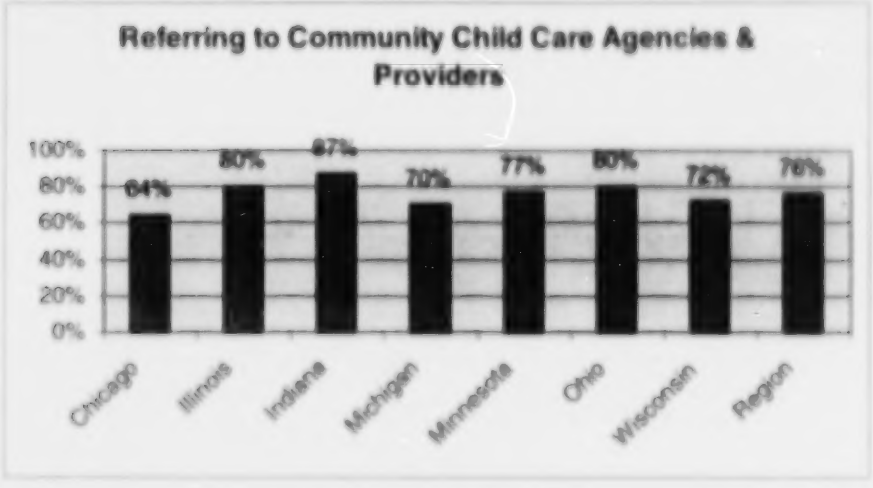
What roles are Disability Services Coordinators engaged in improving child care services for families?





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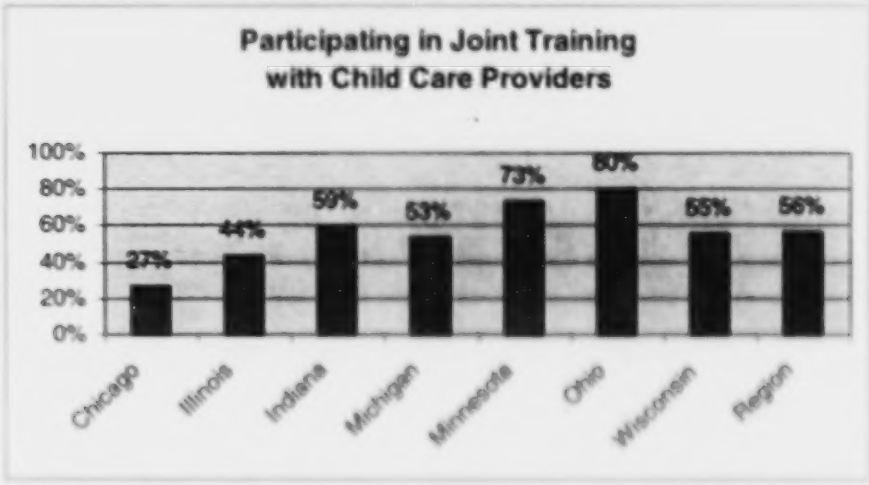
What roles are Disability Services Coordinators engaged in improving child care services for families? (continued)



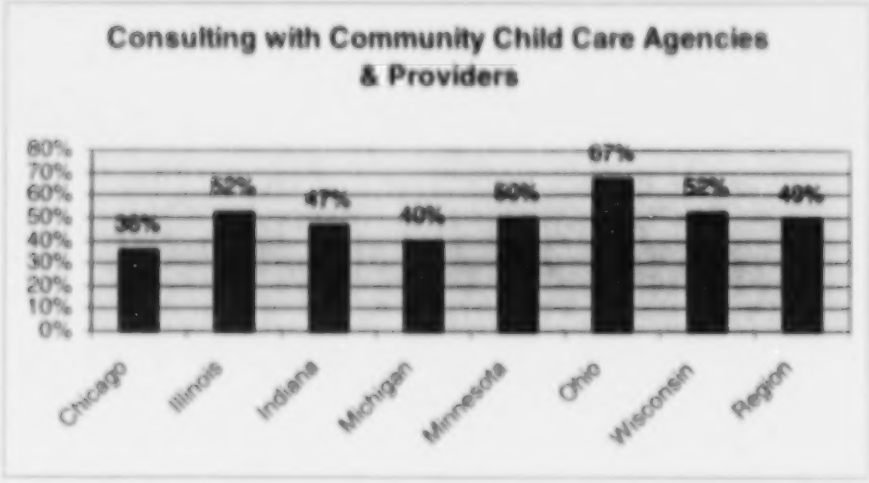


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Table 10.
Activities Being Planned or Being Implemented This Year

	Chicago (n=45)	Illinois (n=25)	Indiana (n=39)	Michigan (n=40)	Minnesota (n=26)	Ohio (n=54)	Wisconsin (n=29)	Region (n=258)
Expand to Full Day	**23 (51%)**	17 (68%)	**30 (77%)**	23 (58%)	**9 (35%)**	35 (65%)	**13 (45%)**	150 (58%)
Expand to Full Year	**13 (29%)**	16 (64%)	**22 (56%)**	16 (40%)	**9 (35%)**	21 (39%)	**9 (31%)**	106 (41%)
Collaborate with Local Day Care	**10 (22%)**	17 (68%)	**26 (67%)**	21 (53%)	**17 (65%)**	43 (80%)	**24 (83%)**	158 (61%)
Collaborate with Family Day Care	**8 (18%)**	13 (52%)	**17 (44%)**	14 (35%)	**18 (69%)**	38 (70%)	**13 (45%)**	121 (47%)
Implement Referral System	**11 (24%)**	4 (16%)	**13 (33%)**	17 (43%)	**11 (42%)**	21 (39%)	**8 (28%)**	85 (33%)
Solicit Expansion Funding	**11 (24%)**	8 (32%)	**22 (56%)**	16 (40%)	**12 (46%)**	24 (19%)	**8 (28%)**	101 (39%)

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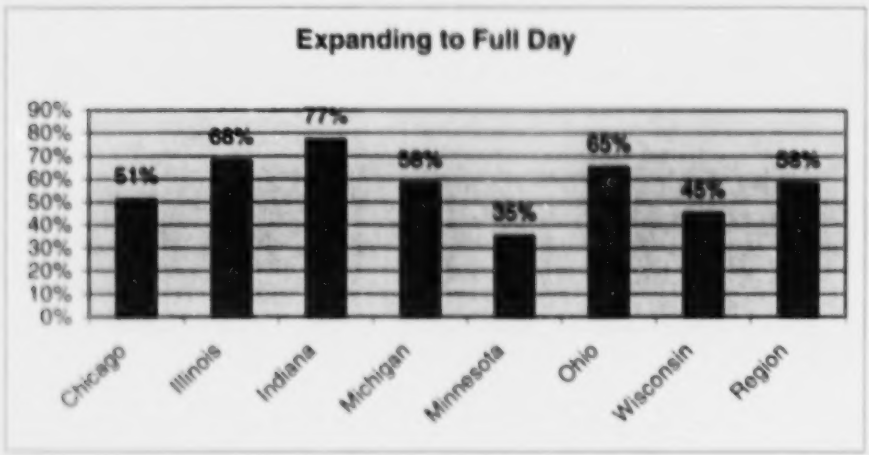
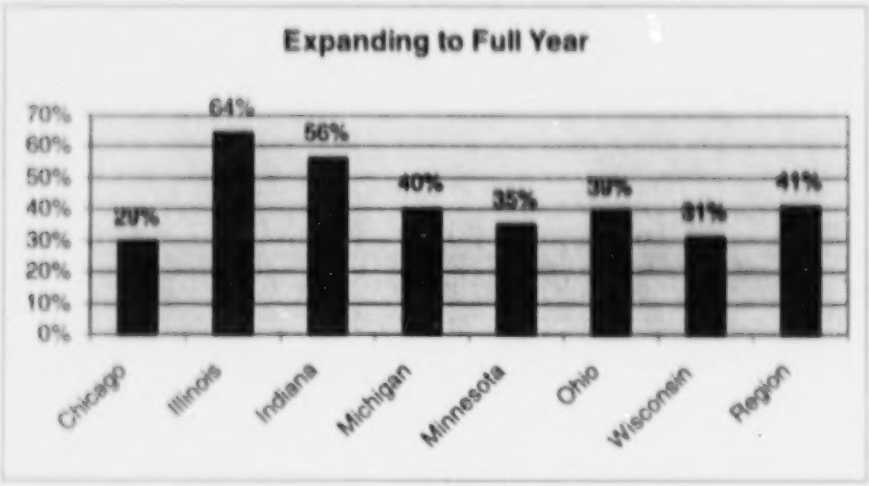
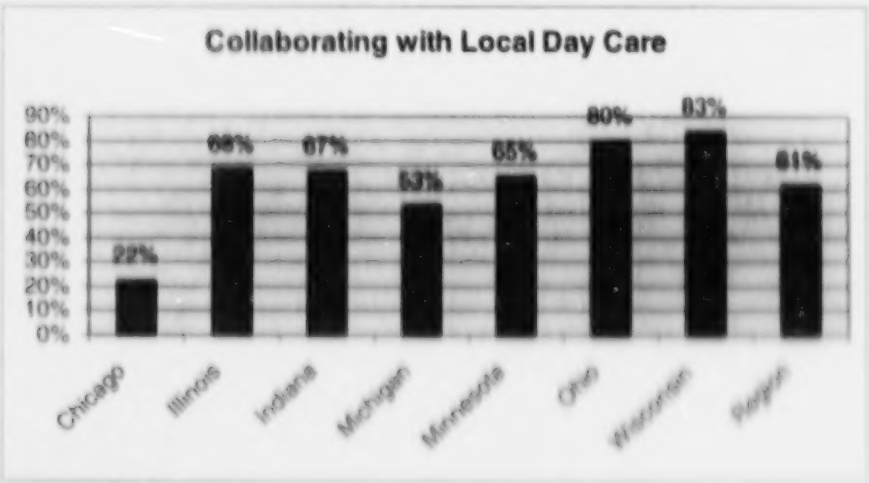
What changes or innovations are being made or being considered to help parents meet their child care needs?







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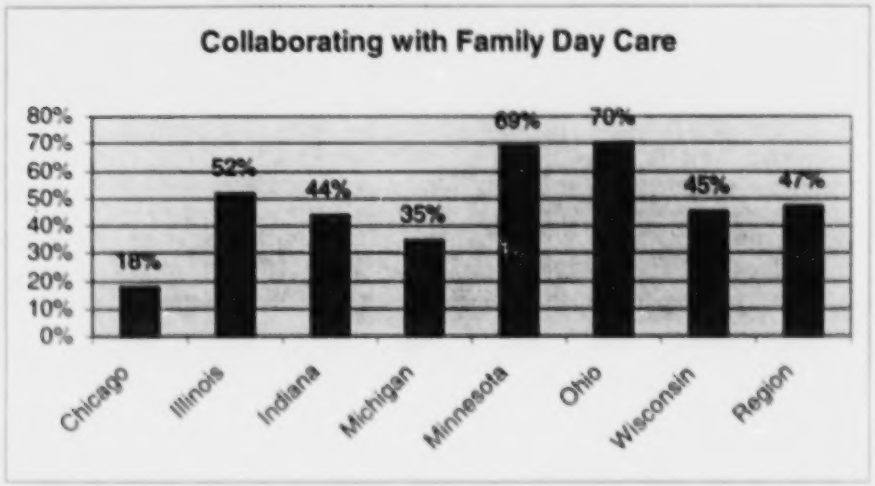
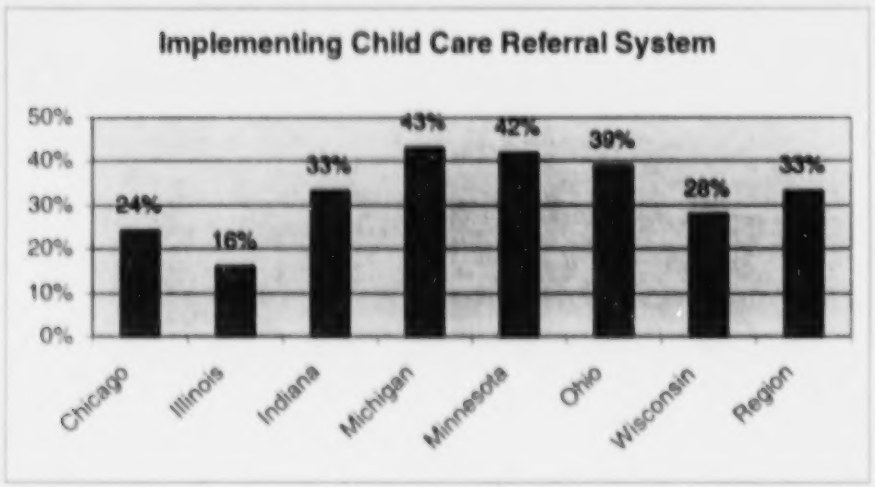
What changes or innovations are being made or being considered to help parents meet their child care needs? (continued)





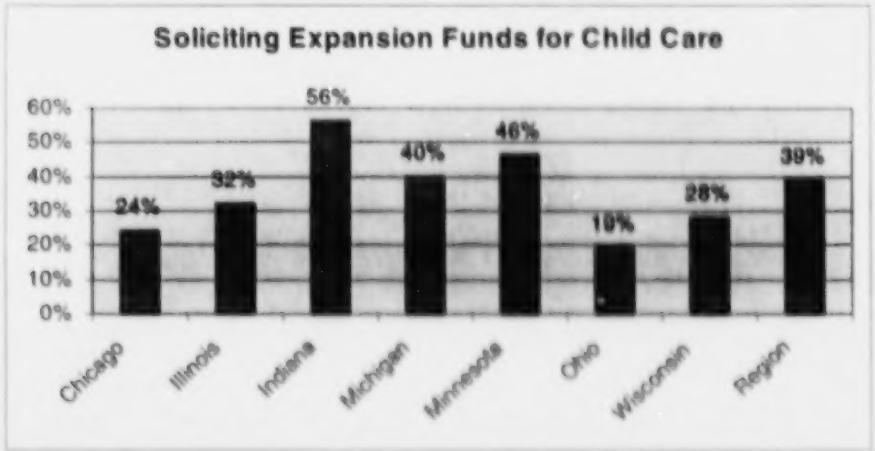


Table 11.
Child Care Partners

	Chicago (n=45)	Illinois (n=25)	Indiana (n=39)	Michigan (n=40)	Minnesota (n=26)	Ohio (n=54)	Wisconsin (n=29)	Region (n=258)
EHS	4 (9%)	1 (4%)	3 (8%)	10 (25%)	2 (8%)	8 (15%)	4 (14%)	32 (12%)
Child Care Centers	21 (47%)	14 (56%)	24 (62%)	26 (65%)	15 (58%)	42 (78%)	19 (66%)	161 (62%)
Family Home Providers	14 (31%)	6 (24%)	16 (41%)	18 (45%)	12 (46%)	27 (50%)	13 (45%)	106 (41%)
Extended Day Child Care	4 (9%)	1 (4%)	10 (26%)	13 (33%)	2 (8%)	16 (30%)	7 (24%)	53 (21%)
Extended Family Care	2 (4%)	4 (16%)	7 (18%)	10 (25%)	3 (12%)	12 (22%)	5 (17%)	43 (17%)
CCR&R	18 (40%)	12 (48%)	27 (69%)	24 (60%)	19 (73%)	29 (54%)	18 (62%)	147 (57%)
Early Intervention Program	15 (33%)	11 (44%)	25 (64%)	23 (58%)	16 (62%)	36 (67%)	18 (62%)	144 (56%)
Public Preschool Program	18 (40%)	17 (68%)	22 (56%)	22 (55%)	15 (58%)	37 (69%)	17 (59%)	148 (57%)

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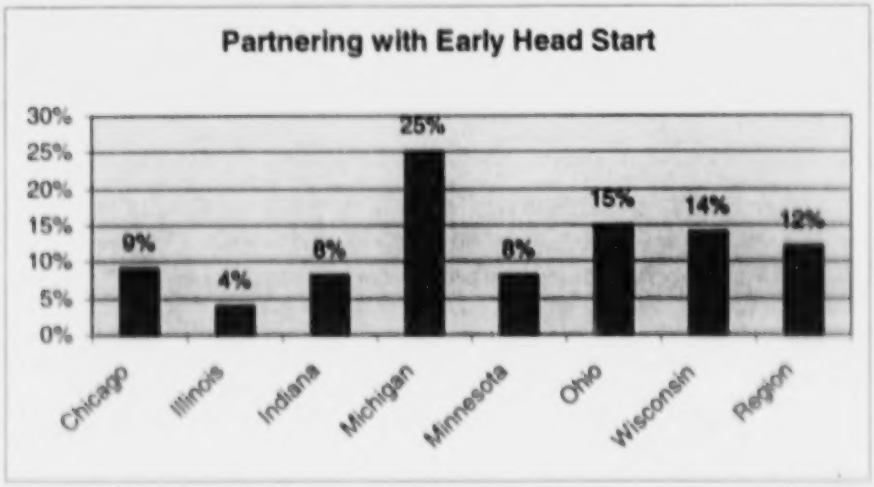
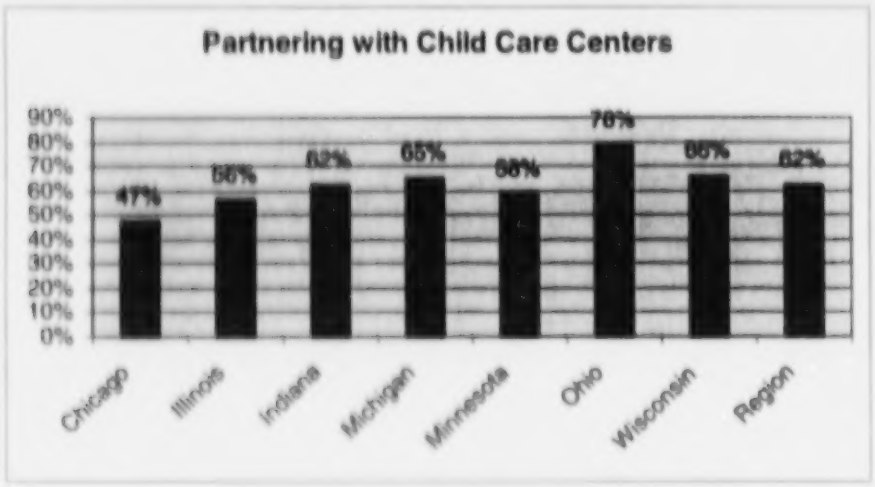
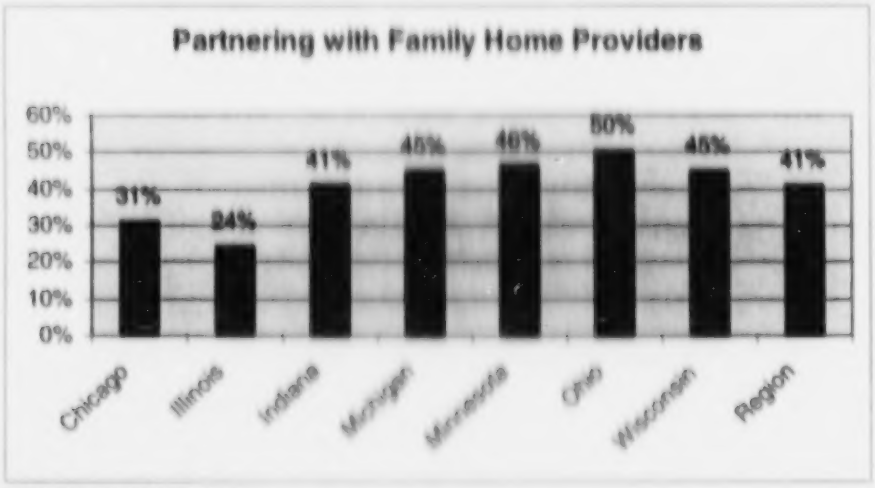
Who are the community child care partners?







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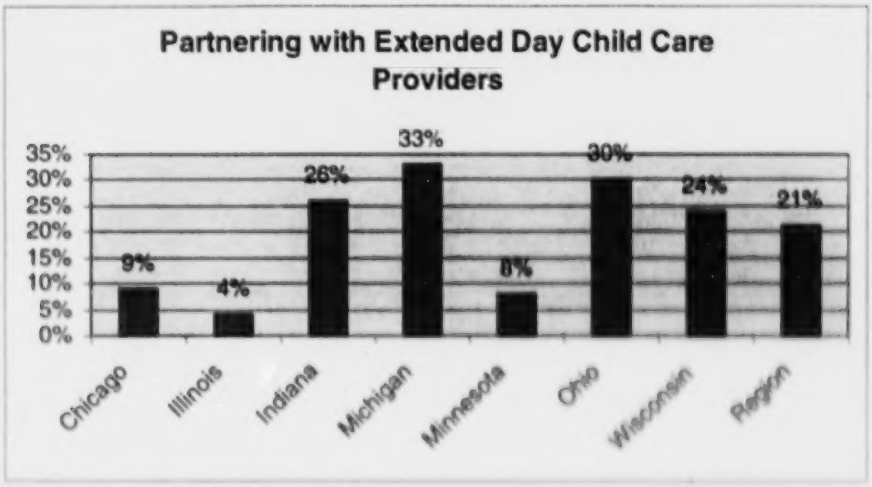
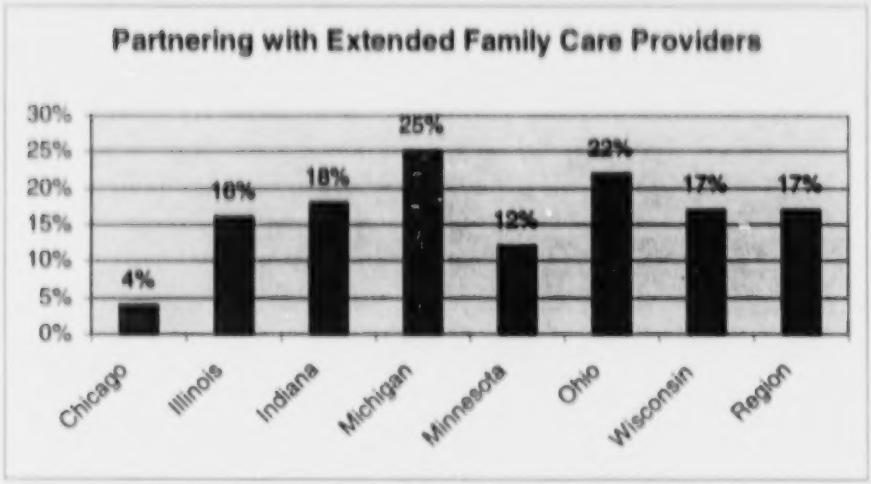
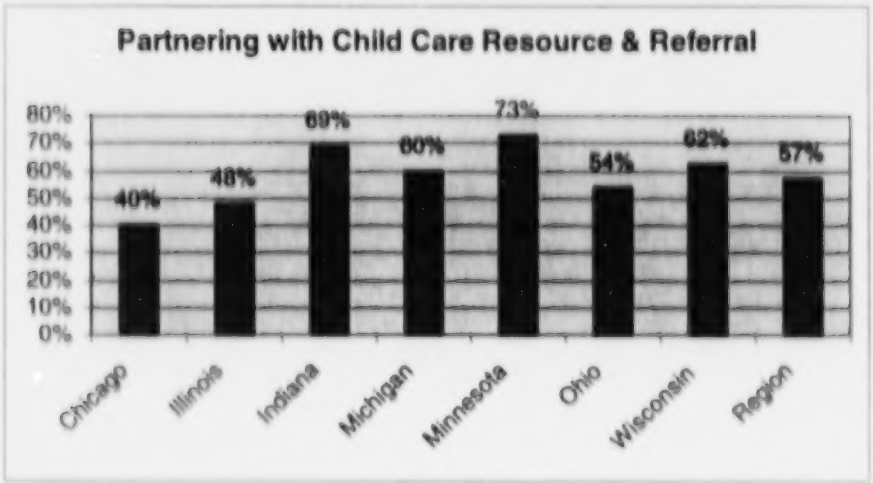
Who are the community child care partners? (continued)







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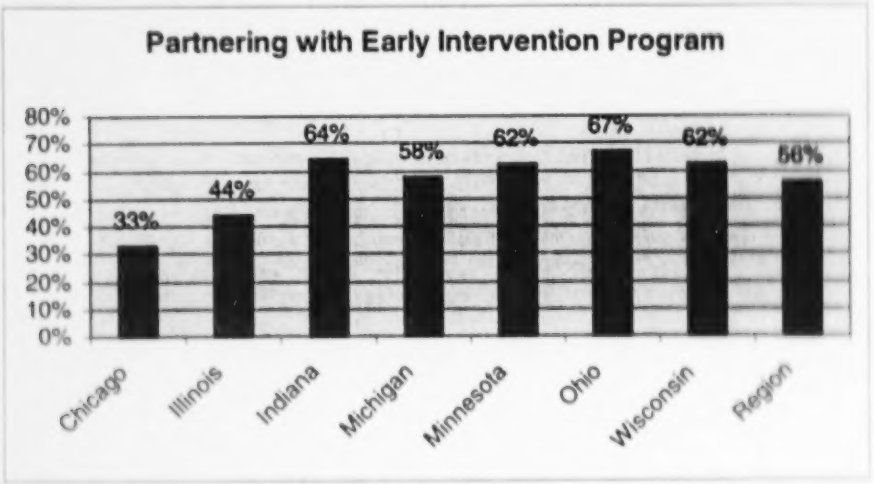
Who are the community child care partners? (continued)



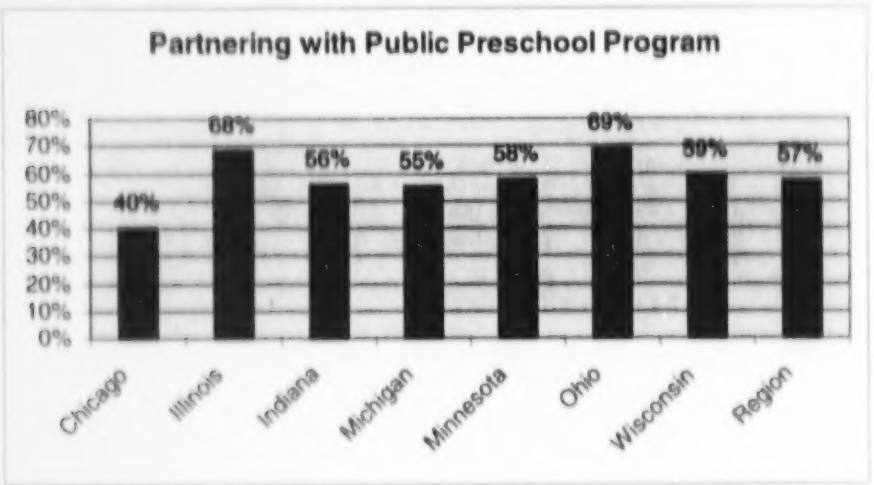


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Table 12.
Means and Standard Deviations for Role by Location Subgroups

	Rural Mean (Std. Deviation) (n = 93)	Urban Mean (Std. Deviation) (n = 97)	Suburban Mean (Std. Deviation) (n = 24)
Contracting for Child Care Slots	.41 (.49)	.46 (.50)	.46 (.51)
Referring to Community Agencies & Providers	.74 (.44)	.54 (.50)	.46 (.51)
Participating in Joint Training	.73 (.45)	.43 (.50)	.50 (.51)
Consulting with Community Agencies & Providers	.56 (.50)	.69 (.45)	.58 (.50)

Note: The means represent the percentages of programs engaging in the role.

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Table 13.
Means and Standard Deviations for Activity by Location Subgroups

	Rural Mean (Std. Deviation) (n = 93)	Urban Mean (Std. Deviation) (n = 97)	Suburban Mean (Std. Deviation) (n = 24)
Expand to Full Day	.49 (.50)	.44 (.50)	.46 (.51)
Expand to Full Year	.32 (.47)	.36 (.48)	.46 (.51)
Collaborate with Local Day Care	.69 (.47)	.71 (.46)	.75 (.44)
Collaborate with Family Day Care	.57 (.50)	.48 (.50)	.54 (.51)
Implement Referral System	.40 (.49)	.34 (.48)	.54 (.51)
Solicit Expansion Funding	.38 (.49)	.44 (.50)	.42 (.50)

Note: The means represent the percentages of programs engaging in the activity.

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Table 14.
Means and Standard Deviations for Child Care Partners by Location Subgroups

	Rural Mean (Std. Deviation) (n = 93)	Urban Mean (Std. Deviation) (n = 97)	Suburban Mean (Std. Deviation) (n = 24)
EHS	.14 (.25)	.22 (.41)	.38 (.49)
Child Care Centers	.54 (.50)	.49 (.50)	.50 (.51)
Family Home Providers	.49 (.50)	.26 (.44)	.33 (.48)
Extended Day Child Care	.24 (.43)	.38 (.49)	.50 (.51)
Extended Family Care	.23 (.42)	.25 (.43)	.25 (.44)
CCR&R	.57 (.50)	.43 (.50)	.42 (.50)
Early Intervention Program	.60 (.49)	.40 (.49)	.50 (.51)
Public Preschool Program	.59 (.49)	.56 (.50)	.63 (.49)

Note: The means represent the percentages of programs collaborating with the community child care partner.

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Table 15.
F-Test Results for Between Location Subgroups for Roles

	F	p
Contracting for Child Care Slots	.311	.733
Referring to Community Agencies & Providers	5.928	.003**
Participating in Joint Training	9.552	.000***
Consulting with Community Agencies & Providers	1.837	.162

** p > .01
*** p > .001

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Table 16.
F-Test Results for Between Location Subgroups for Activities

	F	p
Expand to Full Day	.253	.777
Expand to Full Year	.775	.462
Collaborate with Local Day Care	.187	.829
Collaborate with Family Day Care	.699	.498
Implement Referral System	1.682	.188
Solicit Expansion Funding	.437	.647

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Table 17.
F-Test Results for Between Location Subgroups for Child Care Partners

	F	p
EHS	3.484	.032*
Child Care Centers	.182	.833
Family Home Providers	6.041	.003**
Extended Day Child Care	4.068	.018*
Extended Family Care	.070	.932
CCR&R	2.088	.127
Early Intervention Program	3.886	.022*
Public Preschool Program	.230	.795

* p > .05
** p > .01

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Table 18.
Summary of Post-Hoc Test Results

- Rural programs were significantly more likely ($p > .05$) than both urban and suburban programs to make referrals to child care agencies and providers in the community
- Urban programs were significantly more likely ($p > .05$) than suburban programs to make referrals to child care agencies and providers in the community
- Rural programs were significantly more likely ($p > .05$) than urban programs to participate in joint training with community agencies and providers
- Suburban programs were significantly more likely ($p > .05$) than rural programs to collaborate with Early Head Start programs
- Suburban programs were significantly more likely ($p > .05$) than rural programs to collaborate with Extended Day Child Care providers
- Rural programs were significantly more likely ($p > .05$) than urban programs to collaborate with early intervention programs

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Table 19.
Themes in Supports and Barriers to Enhancing Child Care in Individual States as Identified by GLQIC-D Staff

Chicago	Illinois	Indiana
• Affordable, full day child care services not available • Lack of staff trained in disability • Inadequate space, transportation, and staff in Head Start programs • Low wages and employment schedules of parents • Eligibility based on income and child care assistance system inadequate • Training needed in collaborating with community agencies • Training in child care and disabilities • More funding needed to expand program and transportation services • List of community resources, including child care services • Staff needed to be advocates and support system for parents	• Lack of part-time slots and nontraditional hours of child care operation • Lack of quality and affordable child care • Lack of funding, space, and low wages of Head Start staff to expand to full day/full year • Transportation and financial problems for families • Lack of communication between Head Start staff and parents • Lack of child care providers accepting subsidies • Collaborating with community agencies to pool resources and provide wraparound services • Finding funding sources to expand services • Support for parents (parent education about child care, job training, advocacy)	• Lack of affordable and quality care in community, including infant-toddler and providers trained in disabilities • Lack of HS staff and space to provide full day/full year services • Family stress associated with changes in the system and transportation, communication about their needs, and preference to care for own children with disabilities • Improve voucher system by (a) increasing funding, (b) including assistance to low-income parents who don't qualify, and (c) hastening reimbursement to providers • Provide collaboration models and sample of written agreements to enhance the availability of affordable and quality child care • Gain community commitment and pool resources; increase advocacy in child care and disabilities • Information about funding sources and training in full day/full year programming

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Table 19. Continued.
Themes in Supports and Barriers to Enhancing Child Care in Individual States as Identified by GLQIC-D Staff

Michigan	Minnesota	Ohio	Wisconsin
• Lack of providers, especially after-hour and part-time • Lack of infant-toddler care and care for sick children • Lack of quality providers in the area of disabilities • Lack of funding and space to expand Head Start services • Problems associated low wages, transportation, and employment schedules for parents • Approval for child care assistance and reimbursement to providers takes a long time • Health care assistance inadequate • Training in collaborative models, contracting for after-care or non-school day care, and writing agreements • Advocating and lobbying for more funding to create or expand child care programs • Training in disabilities and full day/full year programming • Working with community agencies to develop wraparound programs and meeting transportation needs of families	• Lack of trained child care providers, including extended and weekend child care providers • Lack of cooperation between child care providers and Head Start • Lack of funding to hire staff trained in disabilities, equipment, and expand to full day • Families are constraint by low wages, lack of transportation, and inflexible employment schedules • Improve child care and cash assistance • Provide models of collaboration • Finding funds needed to acquire new facilities and staff • Collaborate with community agencies, especially Child Care Resource & Referral • Training needed in funding sources, grant writing, disabilities, and child care quality and advocacy	• Inadequate after school, late shift, and weekend child care • Child care quality and cost concerns • Not enough disability resources and providers in infant/toddler and disabilities • Lack of funds, space, transportation, and staff in Head Start • Transportation and eligibility for child care assistance biggest problems for parents • Provide information on how to collaborate and examples of successful models • Training and advocacy in quality child care and disabilities needed in community • Help identify funding sources to expand child care services • Improve transportation and quality child care of personnel • Community resource directory, including information about child care options available	• Lack of affordable, quality child care • Problems of low-income, transportation, and eligibility for services for families • Inadequate child care subsidies (leading to inconsistencies in care provided to children) • Provide information on joint training and collaboration models • Training needed in being child care and disability advocates • Lists of funding and community resources

Table 20
Themes in Supports and Barriers to Enhancing Child Care Across Region V as Identified by GLQIC-D Staff

BARRIERS

- Lack of affordable, quality child care for children with disabilities (community, near places of employment)
- Lack of infant/toddler, sibling, evening, weekend, odd hours, and full year care (Head Start, community child care programs)
- Lack of transportation (public, private, program)
- Inadequate and inappropriate facilities for young children with disabilities (Head Start, community child care programs)
- Lack of skilled personnel in disabilities (Head Start, community child care programs)
- Financial/funding constraints and challenges (family, Head Start)
- Turf issues between community agencies & community buy-in

SUPPORTS

- Wraparound care (coordinated comprehensive services, preferably one site)
- Resource list/community directory to assist in networking
- Community collaborations/partnerships
- Quality staff in Head Start and child care
- Funds to purchase disability resources and equipment
- Increase eligibility for Head Start by adjusting income criteria

SUPPORTS FROM QIC-D

- Training & technical assistance in 0-3 care, child development, special needs, full day/full year programming
- Examples of local partnerships, collaborative agreements, and inclusionary models
- Advocacy in child care/how to talk to legislators

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Table 21.
Top Needs in Training, Technical Assistance, and Disability Resources (Chicago)

State	Top Needs in Training	Top Needs in Phone TA	Top On-Site TA Needs	Top Resource Library Needs	Top Disability Training Needs
Chicago (n=32)	Goals, objectives, & role responsibilities (59%) Lesson plans to address IEP objectives (59%) Adapting materials/ classroom for children with disabilities (59%) Increasing involvement of parent with disabilities (56%) Multidisciplinary teaming (53%) Family Partnerships Agreement (50%) Culturally valid screening/assessment (50%)	Using assistive technology (14%) Adapting materials/ classroom for parents with disabilities (14%)	Revised Performance Standards (59%) Family Partnerships Agreement (59%) Developmentally Appropriate Practices with children with disabilities (59%) Goals, objectives, & role responsibilities (55%) Using assistive technology (53%) Promoting children's social interactions (53%)	Multicultural appreciation (18%) Lesson plans to address IEP objectives (18%) Adapting materials/ classroom for parents with disabilities (18%) Increasing involvement of parent with disabilities (18%)	Emotional/Behavioral/Social (56%) Attention/ADD/ADHD (44%) Speech/Language (34%) Autism/PDD (27%)

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Table 22
Top Needs in Training, Technical Assistance, and Disability Resources (Illinois)

State	Top Needs in Training	Top Needs in Phone TA	Top On-Site TA Needs	Top Resource Library Needs	Top Disability Training Needs
Illinois (not including Chicago) (n=22)	Lesson plans to address IEP objectives (64%) IFSPs (45%) Increasing involvement of parent with disabilities (41%) Transitioning (36%) Adapting materials/ activities for children with disabilities (36%) Developmentally Appropriate Practices with children with disabilities (36%)	Culturally valid screening/assessment (23%) Disability Services Regulations/Plan (18%) Communicating with parents with disabilities (18%) Revised Performance Standards (14%) Transitioning (14%)	IFSPs (23%) Disability Services Regulations/Plan (18%) IEPs (18%) Developmentally Appropriate Practices with children with disabilities (18%)	Adapting materials/ classroom for parents with disabilities (41%) Increasing involvement of parent with disabilities (36%) Multicultural appreciation (36%) Revised Performance Standards (32%) Communicating with parents with disabilities (32%) Lesson plans to address IEP objectives (27%)	Emotional/Behavioral/Social (59%) Attention/ADD/ADHD (50%) Autism/PDD (32%)

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Table 23.
Top Needs in Training, Technical Assistance, and Disability Resources (Indiana)

State	Top Needs in Training	Top Needs in Phone TA	Top On-Site TA Needs	Top Resource Library Needs	Top Disability Training Needs
Indiana (n=40)	Increasing involvement of parent with disabilities (63%) Family Partnerships Agreement (60%) Transitioning (53%) Lesson plans to address IEP objectives (48%) Developmentally Appropriate Practices with children with disabilities (45%) Multicultural appreciation (45%)	Revised Performance Standards (10%) Disability Services Regulations/Plan (10%) Transitioning (10%) IFSPs (10%) Social support for parents with disabilities (10%) Increasing involvement of parents with disabilities (10%)	Lesson plans to address IEP objectives (30%) Family Partnerships Agreement (25%) Transitioning (20%) Increasing involvement of parent with disabilities (20%) Revised Performance Standards (18%)	Americans with Disabilities Act (30%) Adapting materials/ classroom for parents with disabilities (28%) Communicating with parents with disabilities (28%) Increasing involvement of parent with disabilities (25%) Bilingual children and families (25%)	Emotional/Behavioral/Social (53%) Attention/ADD/ADHD (48%) Autism/PDD (33%) Physical Disabilities (15%) Speech/Language (15%)

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Table 24.
Top Needs in Training, Technical Assistance, and Disability Resources (Michigan)

State	Top Needs in Training	Top Needs in Phone TA	Top On-Site TA Needs	Top Resource Library Needs	Top Disability Training Needs
Michigan (n=38)	Lesson plans to address IEP objectives (50%) Increasing involvement of parent with disabilities (47%) Promoting children's social interactions (39%) Family Partnerships Agreement (34%) Developmentally Appropriate Practices with children with disabilities (34%) Working with therapists in classroom (34%)	Culturally valid screening/assessment (11%) Disability Services Regulations/Plan (8%) Multidisciplinary teaming (8%) Working with therapists in classroom (8%) Communicating with parents with disabilities (8%) Social support for parents with disabilities (8%)	Disability Services Regulations/Plan (13%) Revised Performance Standards (11%) IEPs (11%) Ongoing assessment & IEP revision (11%) Adapting materials/ classroom for children with disabilities (11%) Working with therapists in classroom (11%) Increasing involvement of parent with disabilities (11%)	Culturally valid screening/assessment (24%) ADA (18%) Multicultural appreciation (16%) IDEA (13%) Disability Services Regulations/Plan (13%) Ongoing assessment/IEP revision (13%) Transitioning (13%) Lesson plans to address IEP objectives (13%) Promoting children's social interactions (13%)	Emotional/Behavioral/Social (47%) Attention/ADD/ADHD (37%) Speech/Language (29%) Autism/PDD (21%) Health/Chronic Health (18%)

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Table 25.
Top Needs in Training, Technical Assistance, and Disability Resources (Minnesota)

State	Top Needs in Training	Top Needs in Phone TA	Top On-Site TA Needs	Top Resource Library Needs	Top Disability Training Needs
Minnesota (n=26)	Developmentally Appropriate Practices with children with disabilities (46%) Family Partnerships Agreement (46%) Revised Performance Standards (42%) Multidisciplinary teaming (42%) Promoting children's social interactions (39%) Communicating with parents with disabilities (39%)	Family Partnerships Agreement (15%) Revised Performance Standards (15%) IDEA (12%) Lesson plans to address IEP objectives (12%)	Lesson plans to address IEP objectives (31%) Developmentally Appropriate Practices with children with disabilities (27%) Working with therapists in classroom (27%) Increasing involvement of parents with disabilities (27%) Promoting children's social interactions (23%)	Americans with Disabilities Act (31%) IDEA (23%) Promoting children's social interactions (23%) Working with therapists in classroom (23%) Bilingual children and families (23%)	Emotional/Behavioral/Social (85%) Autism/Pervasive Developmental Disorder (35%) Attention/ADD/ADHD (27%) Speech/Language (27%) Fetal Alcohol Syndrome/Effect (19%)

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Table 26.
Top Needs in Training, Technical Assistance, and Disability Resources (Ohio)

State	Top Needs in Training	Top Needs in Phone TA	Top On-Site TA Needs	Top Resource Library Needs	Top Disability Training Needs
Ohio (n=54)	Lesson plans to address IEP objectives (80%) Increasing involvement of parent with disabilities (80%) Promoting children's social interactions (72%) Ongoing assessment & IEP revision (61%) Transitioning (57%) Multicultural appreciation (54%) Multidisciplinary teaming (52%)	Adapting materials/ classroom for parents with disabilities (11%) Family Partnerships Agreement (9%) Communicating with parents with disabilities (9%) Social support for parents with disabilities (9%) Increasing involvement of parent with disabilities (9%)	Increasing involvement of parent with disabilities (26%) Multicultural appreciation (24%) Home-based programming (24%) Social support for parents with disabilities (22%) Transitioning (20%) Adapting materials/ activities for children with disabilities (20%)	ADA (31%) Culturally valid screening & assessment (31%) Multicultural appreciation (30%) Adapting materials/ classroom for parents with disabilities (30%) IDEA (24%) Adapting materials/ activities for children with disabilities (24%)	Emotional/Behavioral/Social (59%) Autism/PDD (35%) Attention/ADD/ADHD (28%) Sensory Impairments (20%) Health/Chronic Health (19%)

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Table 27.
Top Needs in Training, Technical Assistance, and Disability Resources (Wisconsin)

State	Top Needs in Training	Top Needs in Phone TA	Top On-Site TA Needs	Top Resource Library Needs	Top Disability Training Needs
Wisconsin (n=27)	Increasing involvement of parent with disabilities (67%) Family Partnerships Agreement (59%) Transitioning (56%) Lesson plans to address IEP objectives (52%) Revised Performance Standards (48%)	Revised Performance Standards (15%) Family Partnerships Agreement (15%) Transitioning (15%) Adapting materials/ classroom for parents with disabilities (15%)	Increasing involvement of parent with disabilities (19%) Revised Performance Standards (15%) Ongoing assessment & IEP revision (15%) Using assistive technology (15%)	Increasing involvement of parent with disabilities (37%) Communicating with parents with disabilities (33%) Adapting materials/ classroom for parents with disabilities (22%) Social support for parents with disabilities (22%)	Emotional/Behavioral/Social (41%) Attention/ADD/ADHD (33%) Autism/PDD (19%) Developmental Delays (19%) Speech/Language (15%)

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CHICAGO

1998 ANNUAL NEEDS ASSESSMENT SUMMARY REPORT

Demographics

- n=45 (62.5% return rate)
- Location of programs: 5.9% rural, 70.6% urban, 23.5% suburban
- 4 programs reported serving 188 infants & toddlers, with a mean of 47 children
- 35 programs reported serving 4,517 preschool children, with a mean of 129 children
- 34 programs reported serving 4,060 families, with a mean of 119 families

Number of infants & toddlers with diagnosed (and suspected) disabilities:

Autism 0 (0)	Emotional/Behavioral 0 (1)	Health impairment 1 (2)
Mental retardation 0 (0)	Hearing impairment 0 (0)	Orthopedic impairment 0 (1)
Speech/language 4 (4)	Learning disability 0 (1)	Traumatic brain injury 0 (0)
Visual impairment 1 (1)	Developmental delay 4 (2)	Multiple impairments 3 (2)

Number of preschool children with diagnosed (and suspected) disabilities:

Autism 7 (1)	Emotional/Behavioral 71 (33)	Health impairment 31 (12)
Mental retardation 1 (2)	Hearing impairment 10 (6)	Orthopedic impairment 9 (8)
Speech/language 242 (90)	Learning disability 15 (4)	Traumatic brain injury 1 (0)
Visual impairment 8 (3)	Developmental delay 25 (28)	Multiple impairments 27 (10)

SSI & Child Care Assistance

- 25 programs reported 77 children receiving SSI
- 23 programs reported 623 children receiving child care assistance/subsidy
- 21 programs reported 25 children receiving both SSI and child care assistance

Themes in Supports & Barriers to Enhancing Child Care in Chicago as Identified by GLQIC-D Staff

- Affordable, full day child care services not available
- Lack of staff trained in disability
- Inadequate space, transportation, and staff in Head Start programs
- Low wages and inflexible employment schedules of parents
- Eligibility based on income and child care assistance system inadequate
- Training needed in collaborating with community agencies
- Training in child care and disabilities
- More funding needed to expand program and transportation services
- List of community resources, including child care services
- Staff needed to be advocates and support system for parents

Top 3 Training Needs

- Goals, objectives, & role responsibilities, Lesson plans to address IEP objectives, and Adapting materials & activities for children with disabilities

Top 3 On-Site Technical Assistance Needs

- Revised Performance Standards, Family Partnership Agreements, and Developmentally appropriate practices with children with disabilities

ILLINOIS

1998 ANNUAL NEEDS ASSESSMENT SUMMARY REPORT

Demographics

- n=34 (85.3% return rate)
- Location of programs: 47.6% rural, 40.9% urban, 9.5% suburban
- 6 programs reported serving 423 infants & toddlers, with a mean of 71 children
- 22 programs reported serving 7,768 preschool children, with a mean of 353 children
- 22 programs reported serving 7,556 families, with a mean of 343 families

Number of infants & toddlers with diagnosed (and suspected) disabilities:

Autism 0 (0)	Emotional/Behavioral 1 (3)	Health impairment 3 (7)
Mental retardation 1 (0)	Hearing impairment 1 (2)	Orthopedic impairment 0 (3)
Speech/language 4 (3)	Learning disability 0 (0)	Traumatic brain injury 0 (0)
Visual impairment 1 (0)	Developmental delay 2 (3)	Multiple impairments 0 (0)

Number of preschool children with diagnosed (and suspected) disabilities:

Autism 12 (5)	Emotional/Behavioral 27 (50)	Health impairment 115 (49)
Mental retardation 9 (2)	Hearing impairment 10 (2)	Orthopedic impairment 12 (4)
Speech/language 613 (156)	Learning disability 9 (25)	Traumatic brain injury 2 (3)
Visual impairment 13 (3)	Developmental delay 154 (98)	Multiple impairments 27 (1)

SSI & Child Care Assistance

- 11 programs reported 45 children receiving SSI
- 11 programs reported 481 children receiving child care assistance/subsidy
- 8 programs reported 149 children receiving both SSI and child care assistance

Themes in Supports & Barriers to Enhancing Child Care in Illinois as Identified by GLQIC-D Staff

- Lack of part-time slots and nontraditional hours of child care operation
- Lack of quality and affordable child care
- Lack of funding, space, and low wages of Head Start staff to expand to full day/full year
- Transportation and financial problems for families
- Lack of communication between Head Start staff and parents
- Lack of child care providers accepting subsidies
- Collaborating with community agencies to pool resources and provide wraparound services
- Finding funding sources to expand services
- Support for parents (parent education about child care, job training, advocacy)

Top 3 Training Needs

- Lesson plans to address IEP objectives, Individualized Family Service Plans (IFSPs), and Increasing involvement of parents with special needs

Top 3 On-Site Technical Assistance Needs

- IFSPs, Disability services regulations/plan, Developmentally appropriate practices with children with disabilities

INDIANA

1998 ANNUAL NEEDS ASSESSMENT SUMMARY REPORT

Demographics

- n=40 (100% return rate)
- Location of programs: 43.8% rural, 50% urban, 6.3% suburban
- 4 programs reported serving 331 infants & toddlers, with a mean of 83 children
- 37 programs reported serving 12,250 preschool children, with a mean of 331 children
- 36 programs reported serving 11,712 families, with a mean of 325 families

Number of infants & toddlers with diagnosed (and suspected) disabilities:

Autism 0 (1)	Emotional/Behavioral 1 (1)	Health impairment 1 (2)
Mental retardation 3 (0)	Hearing impairment 1 (0)	Orthopedic impairment 2 (0)
Speech/language 3 (13)	Learning disability 0 (0)	Traumatic brain injury 0 (0)
Visual impairment 0 (0)	Developmental delay 2 (5)	Multiple impairments 4 (0)

Number of preschool children with diagnosed (and suspected) disabilities:

Autism 8 (9)	Emotional/Behavioral 63 (42)	Health impairment 182 (85)
Mental retardation 195 (7)	Hearing impairment 24 (10)	Orthopedic impairment 30 (5)
Speech/language 1,712 (154)	Learning disability 25 (18)	Traumatic brain injury 1 (2)
Visual impairment 23 (3)	Developmental delay 22 (65)	Multiple impairments 61 (12)

SSI & Child Care Assistance

- 19 programs reported 384 children receiving SSI
- 17 programs reported 349 children receiving child care assistance/subsidy
- 12 programs reported 72 children receiving both SSI and child care assistance

Themes in Supports & Barriers to Enhancing Child Care in Indiana as Identified by GLQIC-D Staff

- Lack of affordable and quality care in community, including infant-toddler and providers trained in disabilities
- Lack of HS staff and space to provide full day/full year services
- Family stress associated with changes in the system and transportation, communication about their needs, and preference to care for own children with disabilities
- Improve voucher system by (a) increasing funding, (b) including assistance to low-income parents who don't qualify, and (c) hastening reimbursement to providers
- Provide collaboration models and sample of written agreements to enhance the availability of affordable and quality child care
- Gain community commitment and pool resources; increase advocacy in child care and disabilities
- Information about funding sources and training in full day/full year programming

Top 3 Training Needs

- Increasing involvement of parents with special needs, Family Partnership Agreements, and Transitioning

Top 3 On-Site Technical Assistance Needs

- Lesson plans to address IEP objectives, Family Partnership Agreements, and Transitioning

MICHIGAN

1998 ANNUAL NEEDS ASSESSMENT SUMMARY REPORT

Demographics

- n=41 (51.9% return rate)
- Location of programs: 37.5% rural, 50% urban, 12.5% suburban
- 7 programs reported serving 813 infants & toddlers, with a mean of 116 children
- 36 programs reported serving 28,293 preschool children, with a mean of 786 children
- 35 programs reported serving 24,978 families, with a mean of 714 families

Number of infants & toddlers with diagnosed (and suspected) disabilities:

Autism 0 (0)	Emotional/Behavioral 1 (2)	Health impairment 14 (1)
Mental retardation 6 (0)	Hearing impairment 11 (0)	Orthopedic impairment 4 (1)
Speech/language 9 (1)	Learning disability 0 (0)	Traumatic brain injury 0 (0)
Visual impairment 0 (0)	Developmental delay 8 (2)	Multiple impairments 2 (0)

Number of preschool children with diagnosed (and suspected) disabilities:

Autism 17 (2)	Emotional/Behavioral 119 (144)	Health impairment 476 (255)
Mental retardation 79 (1)	Hearing impairment 126 (3)	Orthopedic impairment 54 (11)
Speech/language 2,137 (371)	Learning disability 55 (27)	Traumatic brain injury 6 (0)
Visual impairment 49 (13)	Developmental delay 118 (119)	Multiple impairments 55 (48)

SSI & Child Care Assistance

- 22 programs reported 379 children receiving SSI
- 15 programs reported 1,396 children receiving child care assistance/subsidy
- 13 programs reported 30 children receiving both SSI and child care assistance

Themes in Supports & Barriers to Enhancing Child Care in Michigan as Identified by GLQIC-D Staff

- Lack of providers, especially after-hour and part-time
- Lack of infant-toddler care and care for sick children
- Lack of quality providers in the area of disabilities
- Lack of funding and space to expand Head Start services
- Problems associated low wages, transportation, and employment schedules for parents
- Approval for child care assistance and reimbursement to providers takes a long time
- Health care assistance inadequate
- Training in collaborative models, contracting for after-care or non-school day care, and writing agreements
- Advocating and lobbying for more funding to create or expand child care programs
- Training in disabilities and full day/full year programming
- Working with community agencies to develop wraparound programs and meeting transportation needs of families

Top 3 Training Needs

- Increasing involvement of parents with special needs, Family Partnership Agreements, and Transitioning

Top 3 On-Site Technical Assistance Needs

- Lesson plans to address IEP objectives, Family Partnership Agreements, and Transitioning

MINNESOTA
1998 ANNUAL NEEDS ASSESSMENT SUMMARY REPORT

Demographics

- n=26 (59.1% return rate)
- Location of programs: 72% rural, 16% urban, 12% suburban
- 4 programs reported serving 82 infants & toddlers, with a mean of 21 children
- 26 programs reported serving 6,429 preschool children, with a mean of 247 children
- 24 programs reported serving 5,887 families, with a mean of 245 families

Number of infants & toddlers with diagnosed (and suspected) disabilities:

Autism 0 (0)	Emotional/Behavioral 0 (2)	Health impairment 0 (0)
Mental retardation 1 (0)	Hearing impairment 0 (0)	Orthopedic impairment 1 (0)
Speech/language 1 (2)	Learning disability 0 (1)	Traumatic brain injury 0 (0)
Visual impairment 0 (0)	Developmental delay 4 (2)	Multiple impairments 0 (0)

Number of preschool children with diagnosed (and suspected) disabilities:

Autism 13 (2)	Emotional/Behavioral 27 (56)	Health impairment 65 (40)
Mental retardation 6 (0)	Hearing impairment 13 (5)	Orthopedic impairment 18 (1)
Speech/language 445 (96)	Learning disability 7 (2)	Traumatic brain injury 2 (0)
Visual impairment 8 (1)	Developmental delay 401 (67)	Multiple impairments 47 (1)

SSI & Child Care Assistance

- 13 programs reported 49 children receiving SSI
- 12 programs reported 552 children receiving child care assistance/subsidy
- 10 programs reported 256 children receiving both SSI and child care assistance

Themes in Supports & Barriers to Enhancing Child Care in Minnesota as Identified by GLQIC-D Staff

- Lack of trained child care providers, including extended and weekend child care providers
- Lack of cooperation between child care providers and Head Start
- Lack of funding to hire staff trained in disabilities, equipment, and expand to full day
- Family involvement is constraint by low wages, lack of transportation, and inflexible employment schedules
- Improve child care and cash assistance
- Provide models of collaboration
- Finding funds needed to acquire new facilities and staff
- Collaborate with community agencies, especially Child Care Resource & Referral
- Training needed in funding sources, grant writing, disabilities, and child care quality and advocacy

Top 3 Training Needs

- Developmentally appropriate practices with children with disabilities, Family Partnership Agreements, Revised Performance Standards (tied), and Multidisciplinary teaming (tied)

Top 3 On-Site Technical Assistance Needs

- Lesson plans to address IEP objectives, Developmentally appropriate practices with children with disabilities (tied), Working with therapists in the classroom (tied), and Increasing involvement of parents with special needs (tied)

OHIO

1998 ANNUAL NEEDS ASSESSMENT SUMMARY REPORT

Demographics

- n=54 (73% return rate)
- Location of programs: 53.2% rural, 36.2% urban, 10.6% suburban
- 5 programs reported serving 446 infants & toddlers, with a mean of 89 children
- 53 programs reported serving 35,894 preschool children, with a mean of 667 children
- 51 programs reported serving 30,757 families, with a mean of 603 families

Number of infants & toddlers with diagnosed (and suspected) disabilities:

Autism 1 (0)	Emotional/Behavioral 3 (0)	Health impairment 0 (1)
Mental retardation 1 (0)	Hearing impairment 2 (0)	Orthopedic impairment 1 (0)
Speech/language 1 (0)	Learning disability 0 (0)	Traumatic brain injury 1 (0)
Visual impairment 1 (0)	Developmental delay 4 (3)	Multiple impairments 1 (0)

Number of preschool children with diagnosed (and suspected) disabilities:

Autism 48 (20)	Emotional/Behavioral 205 (117)	Health impairment 254 (87)
Mental retardation 21 (9)	Hearing impairment 33 (11)	Orthopedic impairment 69 (9)
Speech/language 2,804 (903)	Learning disability 16 (21)	Traumatic brain injury 3 (1)
Visual impairment 17 (4)	Developmental delay 286 (166)	Multiple impairments 268 (10)

SSI & Child Care Assistance

- 34 programs reported 1,145 children receiving SSI
- 32 programs reported 3,103 children receiving child care assistance/subsidy
- 28 programs reported 1,640 children receiving both SSI and child care assistance

Themes in Supports & Barriers to Enhancing Child Care in Ohio as Identified by GLQIC-D Staff

- Inadequate after school, late shift, and weekend child care
- Child care quality and cost concerns
- Not enough disability resources and providers in infant/toddler and disabilities
- Lack of funds, space, transportation, and staff in Head Start
- Transportation and eligibility for child care assistance biggest problems for parents
- Provide information on how to collaborate and examples of successful models
- Training and advocacy in quality child care and disabilities needed in community
- Help identify funding sources to expand child care services
- Improve transportation and quality of child care personnel
- Community resource directory, including information about child care options available

Top 3 Training Needs

- Lesson plans to address IEP objectives, Increasing involvement of parents with special needs, and Promoting children's social interaction

Top 3 On-Site Technical Assistance Needs

- Increasing involvement of parents with special needs, Multicultural appreciation, and Home-based programming

WISCONSIN

1998 ANNUAL NEEDS ASSESSMENT SUMMARY REPORT

Demographics

- n=29 (55.8% return rate)
- Location of programs: 50% rural, 50% urban
- 3 programs reported serving 357 infants & toddlers, with a mean of 119 children
- 29 programs reported serving 9,626 preschool children, with a mean of 332 children
- 28 programs reported serving 8,453 families, with a mean of 302 families

Number of infants & toddlers with diagnosed (and suspected) disabilities:

Autism 1 (0)	Emotional/Behavioral 0 (0)	Health impairment 1 (0)
Mental retardation 1 (0)	Hearing impairment 4 (0)	Orthopedic impairment 22 (0)
Speech/language 67 (7)	Learning disability 0 (0)	Traumatic brain injury 0 (0)
Visual impairment 1 (0)	Developmental delay 63 (9)	Multiple impairments 3 (0)

Number of preschool children with diagnosed (and suspected) disabilities:

Autism 6 (4)	Emotional/Behavioral 68 (70)	Health impairment 75 (43)
Mental retardation 20 (4)	Hearing impairment 15 (5)	Orthopedic impairment 19 (14)
Speech/language 757 (210)	Learning disability 9 (18)	Traumatic brain injury 0 (2)
Visual impairment 13 (3)	Developmental delay 154 (53)	Multiple impairments 56 (19)

SSI & Child Care Assistance

- 18 programs reported 241 children receiving SSI
- 16 programs reported 603 children receiving child care assistance/subsidy
- 12 programs reported 102 children receiving both SSI and child care assistance

Themes in Supports & Barriers to Enhancing Child Care in Wisconsin as Identified by GLQIC-D Staff

- Lack of affordable, quality child care
- Problems associated with low-income, transportation, and eligibility for services for families
- Inadequate child care subsidies (leading to inconsistencies in care provided to children)
- Provide information on joint training and collaboration models
- Training needed in being child care and disability advocates
- Lists of funding and community resources

Top 3 Training Needs

- Increasing involvement of parents with special needs, Family Partnership Agreements, and Transitioning

Top 3 On-Site Technical Assistance Needs

- Increasing involvement of parents with special needs, Revised Performance Standards (tied), Ongoing assessment & IEP revision (tied), and Using assistive technology (tied)

GREAT LAKES QUALITY IMPROVEMENT CENTER FOR DISABILITIES (GLQIC-D)
1998 TRAINING AND TECHNICAL ASSISTANCE NEEDS ASSESSMENT SURVEY

The Region V QIC-D is gathering information to plan for training and technical assistance this year. The feedback you provide is very important in planning for training/technical assistance to improve services to families and children with disabilities. Feel free to consult with your staff as you respond to the questions. Please respond to all questions as explicitly and clearly as possible. Please call Yash, the Project Evaluator, if you require clarification about the questions on the survey. His phone number is (217) 333-3876, and can also be reached by email at bhagwanj@uiuc.edu.

Program demographics Date: _____

Name of person completing this form: _____

Title: _____ Phone #: _____

Fax #: _____ Email address: _____

Name of grantee: _____

Name of program: _____

Address of program: _____

Name of EHS grantee (if applicable): _____

Location of program (please circle one only): Rural Urban Suburban

Census information (total program)

Number of counties served: _____ Number of families served: _____

Number of infants & toddlers (birth to three years of age) served: _____

Number of preschoolers (between three and five years of age) served: _____

Number of children receiving Supplemental Security Income (SSI) only: _____

Number of families receiving child care assistance/subsidies only: _____

Number of families receiving both SSI and child care assistance: _____

NUMBER of children with suspected and diagnosed disabilities

	Birth-3		Ages 3-5	
	Suspected	Diagnosed	Suspected	Diagnosed
Autism	_____	_____	_____	_____
Emotional/Behavioral	_____	_____	_____	_____
Health (including ADD/ADHD)	_____	_____	_____	_____
Hearing Impairment/Deafness	_____	_____	_____	_____
Mental Retardation	_____	_____	_____	_____
Orthopedic Impairment	_____	_____	_____	_____
Specific Learning Disability	_____	_____	_____	_____
Speech/Language Impairment	_____	_____	_____	_____
Traumatic Brain Injury	_____	_____	_____	_____
Visual Impairment/Blindness	_____	_____	_____	_____
Other impairments:				
Developmental Delays	_____	_____	_____	_____
Multiple Impairments	_____	_____	_____	_____

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Child care issues

Current mandates in work requirements for low-income families receiving public assistance has potential implications for programming of children with disabilities. Please consult with relevant staff members and respond to the questions to the best of your knowledge. It is important that you provide clear and detailed responses. Please use back of page or additional paper if more writing space is needed.

1. Please indicate changes or innovations being made or being considered within your program to help parents meet their child care needs:
   - ___ Expand to full year
   - ___ Collaborate with family day care
   - ___ Solicit expansion funding
   - ___ Other or Comments:
   - ___ Expand to full day
   - ___ Collaborate with local day care
   - ___ Implement referral system to day care
   - ___ None at this time

2. Please describe your community child care partners:
   - ___ Child care centers
   - ___ Extended day child care
   - ___ Child Care Resource & Referral
   - ___ Public preschool program
   - ___ Other or Comments:
   - ___ Early Head Start
   - ___ Family child care home providers
   - ___ Extended family care
   - ___ Early intervention program
   - ___ None at this time

3. How is your program improving child care services for families? Please indicate which of the following roles you are engaged in with your community partners?
   - ___ Contracting
   - ___ Consulting
   - ___ Other or Comments:
   - ___ Referral
   - ___ None at this time
   - ___ Joint Training

4. Tell us more about parents' concerns regarding the following:
   a) Availability of child care:

   b) Affordability of child care:

   c) Quality of child care:

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5. Please describe the children who have lost or expect to lose Social Security Income (SSI) benefits? (e.g., number, types of disability, etc.)

6a. What barriers do you see as limiting your attempts to help parents meet their child care needs?

6b. What supports do you see as enhancing your attempts to help parents meet their child care needs?

7. What supports can QIC-D provide as your program explores collaborative child care options?

PROMOTING EXCELLENCE

As partners to improve services to children with disabilities and their families, our office is committed to sharing innovative ideas that have been successful in our region's programs. Please share with us one idea that you would like other programs to know about. This could be about an innovation that you have tried and found successful in improving service delivery, working with and empowering families, improving children's outcomes, etc. Please use another sheet of paper if you need more space.

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Please indicate your staff's training or technical assistance needs and how to best meet these needs. Please check (√) all that apply.

	Phone TA	On-site TA	Training	Distance learning	College credit	Resource library
Policies and Regulations						
• Americans with Disabilities Act	___	___	___	___	___	___
• Individuals with Disabilities Educ Act	___	___	___	___	___	___
• Revised Performance Standards	___	___	___	___	___	___
• Disability Services Regulations/Plan	___	___	___	___	___	___
• Family Partnerships Agreement	___	___	___	___	___	___
• Other:	___	___	___	___	___	___
Cross-cultural concerns						
• Culturally valid screening/assessment	___	___	___	___	___	___
• Multicultural appreciation	___	___	___	___	___	___
• Bilingual children and families	___	___	___	___	___	___
• Other:	___	___	___	___	___	___
Individual Education Plans						
• Multidisciplinary teaming	___	___	___	___	___	___
• Goals, objectives, & role responsibilities	___	___	___	___	___	___
• Individualized Education Programs	___	___	___	___	___	___
• Ongoing assessment & IEP revision	___	___	___	___	___	___
• Transitioning	___	___	___	___	___	___
• Home-based programming	___	___	___	___	___	___
• Individual Family Service Plans	___	___	___	___	___	___
• Other:	___	___	___	___	___	___
Classroom instruction						
• Lesson plans to address IEP objectives	___	___	___	___	___	___
• Adapting materials/activities/etc.	___	___	___	___	___	___
• Using assistive technology	___	___	___	___	___	___
• Developmentally appropriate practices	___	___	___	___	___	___
• Working with therapists in classroom	___	___	___	___	___	___
• Promoting children's social interaction	___	___	___	___	___	___
Parents with special needs						
• Adapting materials/classroom	___	___	___	___	___	___
• Communication	___	___	___	___	___	___
• Social support	___	___	___	___	___	___
• Increasing parent involvement	___	___	___	___	___	___

What specific disabilities would you like to see addressed or expanded in the resources that we make available to you?

1. _____ 2. _____ 3. _____

Please list your top 3 TRAINING needs pertaining to disability issues this year:

1. _____ 2. _____ 3. _____

We appreciate you taking time to respond to this survey!

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